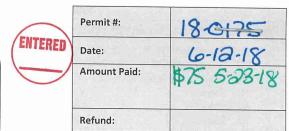
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**





INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made par DO NOT START CON	yable to:	: Bayfield (ON UNTIL	ALL PERMITS	Department. HAVE BEEN ISSUED	D TO APP	LICANT.	g Dept.			FILL C	OUT IN IN	IK (NO PE	NCIL)	
TYPE OF PERMIT	REQUE	STED-	LAN	ID USE SA	NITAR	Y PRIVY		NDITIONA	L USE	SPECIA	AL USE	□ B.O.	Δ Π	OTHER
Owner's Name:	($\overline{)}$				ng Address:			State/Zip:	OI LCI	IL OUL	U B.O.	Telepho	
Sandra		$aa \times b$	DA		Po	Box 191		B	ufield	(2)	. 50	RIU	715	779329
Address of Property	y:	cac v _i	100		City/S	BOX 191 State/Zip:		- la	yriela	100	1)	1017	Cell Pho	
34800 5	Jan.	art	Ra			Day Freld			FICE	111			CCITTIO	one.
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Tod	Vac	vala				4241414	Fidilib	ei.					Plumbe	r Phone:
Authorized Agent:			ication on beha	If of Owner(s))		t Phone:	Agent	Mailing Add	dress (include	City/Sta	ate/Zip):		Written	Authorization
											, 17		Attache	
PROJECT					Tax ID	04-00	-7-5	7-64-10	-4 01-000	-2000	Racardad	Document	☐ Yes	□ No pperty Ownership
LOCATION	Lega	al Descrip	tion: (Use T	ax Statement)		7		-08 00	Tow T	0				27335
NE 1/4,	46		Gov't	Lot Lot(s				Lot(s) No.			Subdivisio			
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Section	<u>10</u> ,	Township	50	N, Range <u>4</u>	_ w		ay Fix	old		1	LUC 312E		Acrea	ACRES
														HEILE)
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☐ Shoreland →				of Floodplain?		escontinue —					_ feet	Floodpla	in Zone?	Present?
	☐ Is Property/Land within 1000 feet of La							tance Struc	ture is from	Shorel				☐ Yes
V/					пуе	escontinue —	_				_ feet	X	No	No
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If you recently purchased the property send your Recorded Deed

Fill Out in Ink – NO PENCIL

Show Location of: Show / Indicate:

Proposed Construction

North (N) on Plot Plan

(3) Show Location of (*):

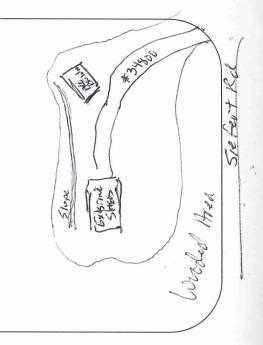
(*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show: (5) Show:

All Existing Structures on your Property

(6)Show any (*): Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent		Description	Measure	ment
Setback from the Centerline of Platted Road	90	Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	95	Feet		Setback from the River, Stream, Creek	NA	Feet
				Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	564	Feet			,	
Setback from the South Lot Line	77-5	Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	172	Feet		20% Slope Area on the property	☐ Yes	□ No
Setback from the East Lot Line	30	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	NA	Feet		Setback to Well		Feet
Setback to Drain Field	NA	Feet	Į.	,		
Setback to Privy (Portable, Composting)	WA	Feet				
Prior to the placement or construction of a structure within ten (10) fee	et of the minimum require	d setback, t	he bo	bundary line from which the setback must be measured must be visible from one	e previously surveyed	corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0125	Permit Date: 6-12	-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contiguo) Yes (Fused/Contiguo) Yes (Deed of Record Yes Yes (Deed of Record Yes Yes Yes (Deed of Record Yes Yes Yes Yes (Deed of Record Yes Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) Yes Case #: Case #:		Previously Granted by Ves No	y Variance (B.O.A.) Case	#: N A
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	Yes On 721 No
Inspection Record: Project location a	To issue L.	U. Perm!	Her Appears	Zoning District (A 3 1) Lakes Classification (—)
Date of Inspection: 6 6 2018	Inspected by:	+ Schie	MAN	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	hed?	lo they need to be atta	ached.)	
Not to be used for H	uman habited	HON. NO	Azo under	pressure or flumsing
fixtures in Structure	unless sal	d Structure	is served	pressure or plumbing by a code
Compliant POWTS	. 01	+/ /		
Signature of Inspector:	6/	NE		Date of Approval: 6/6/18
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affid	avit: 🗆	Hold For Fees:	

City, Village, State or Federal May Also Be Required

SANITARY - None SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Sandra Paavola 18-0175 No. Issued To: Bayfield Location: NE 1/4 of **SE** 1/4 Section 10 Township **50** Range 4 W. Town of N. CSM# 721 1 Block Subdivision Gov't Lot Lot

For: Residential Accessory Structure: [1- Story; Sewing Room (12' x 24') = 388 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure or plumbing fixtures in structure unless said structure is served by a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 12, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) MAY 3.1 2016

Bayfield Co. Zoning Dept.



Permit #:	18-0176
Date:	6-19-18
Amount Paid:	\$75 6-1-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

If you recently purchased the property send your Recorded Deed

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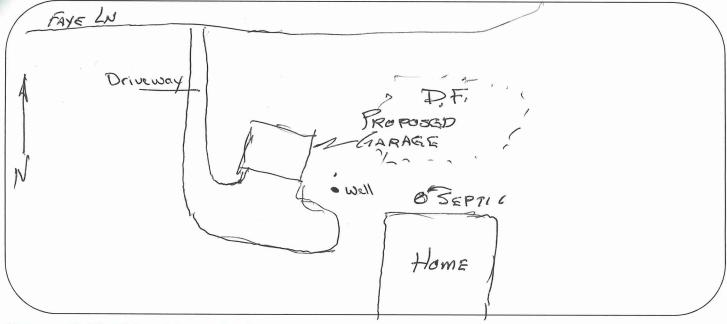
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Show Location of: **Proposed Construction** 'Show / Indicate:

- (3) Show Location of (*):
- (4)Show:
- (5) Show: Show any (*):

(6)

- North (N) on Plot Plan
- (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
- All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	Measurement		Description	Measurement	
Setback from the Centerline of Platted Road	180	Feet		Setback from the Lake (ordinary high-water mark)	- Land	Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	1120	Feet				
Setback from the South Lot Line	200	Feet		Setback from Wetland	_	Feet
Setback from the West Lot Line	200	Feet		20% Slope Area on the property	☐ Yes	X No
Setback from the East Lot Line	600	Feet		Elevation of Floodplain		Feet
	000					
Setback to Septic Tank or Holding Tank	60	Feet		Setback to Well	7.	Feet
Setback to Drain Field	70	Feet		4		
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 26	4162	# of bedrooms: 2	Sanitary Date:	7/12/1996
Permit Denied (Date):	Reason for Denial:				
Permit #: 18-017 (a	Permit Date:	2-18			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes		Mitigation Required Mitigation Attached	☐ Yes No☐ Yes ☐ No	Affidavit Required Affidavit Attached	☐ Yes ☑ No ☐ Yes ☑ No
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted by Ves No		se#: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owne Was Property Surveyed	A STATE OF THE PARTY OF THE PAR	□ No ☑ No
to Meet an Code registres Date of Inspection: (a) (a) 7014	Inspected by: R.	+ to issu	e L. V. Parme	7 Zoning District	
Condition(s): Town, Committee or Board Conditions Atta No + +0 be USED for	ched? Yes No - (If I	No they need to be atta	on. No	H20 000	der Pressu
or plumbing Fixtures	12 Struc	Hove unle	.55 Se.id S	fructure	is Served
Signature of Inspector:	1+/)()		Date of Appr	oval 6/18
Hold For Sanitary: Hold For TRA:	Holo For Affid	lavit	Hold For Fees:	□	7101

City, Village, State or Federal William May Also Be Required

AND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

James & Holly Hemingway Issued To: 18-0176 No. **Bayfield** Town of Range 5 W. **50** N. Township Section NE 1/4 1/4 of NE Location: CSM# Subdivision Block Lot Gov't Lot

For: Residential Accessory Structure: [1- Story; Garage (26' x 26') = 676 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Not to be used for human habitation. No water under pressure or plumbing fixtures in structure unless said structure is served by a code compliant POWTS.

This permit expires one year from date of issuance if the authorized construction NOTE: work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 12, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

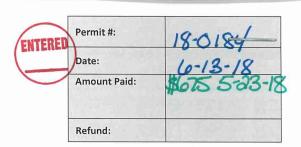
☐ Commercial Use

☐ Municipal Use

APPLICATION FOR PERMIT



Bayfield Co. Zoning Dept



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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

	REQUESTED-	LANI	DIICE T CAN	VITARY	□ PRIVY □	CONDITIONA	L USE SPEC	TALLICE D D) A O	THER	
Owner's Name:	LQUESTED	LAIN	D USE SAI	New York Control of the Control of t	g Address:		State/Zip:	CIAL USE B.C	Telephone		
BRICKYAN	ed Cee	SK TI C	LC	Po	Box 1436	BI	AYPIELD. W	DI 54814	715-7	79-0282	
Address of December					tate/Zip:) • •		Cell Phone	e:	
BRICKYARD (INGEK E	xpandable	- Unit	BI	AYFIED W	218-3	349-6138				
Contractor: Sean C	adoHe	_		Contra	ector Phone: P -209-4879	lumber: One Gu		Plumber F	Phone: 79 —508/		
Authorized Agent: (1					gent Mailing Add	dress (include City/		The second secon	uthorization	
Susan J. Keachie				218-3	349-6138	PO BOX	1436, Buy	I field, WI	Attached Yes		
PROJECT	Less I Box			Tax ID	# 35728		// /	Recorded Docume	ent: (i.e. Prop	erty Ownership)	
LOCATION	Legal Desc	ription: (Use T	ax Statement)	64-	006-2-5	0-03-06-	2				
1/4, _	1/4	Gov't	Lot Lot(s)	CSN	Vol & Page V-1165 P-576	Lot(s) No.	Block(s) No.	Subdivision: Bickyaed	Crup 6	xpandable	
	1	504	63		Town of:			Lot Size	Acreag		
Section	, Towns	hip <u>50/</u> V	N, Range <u>03</u>	_ w	B	AYFIELD)				
		. /1 1	200 () (D'					P			
,		rty/Land Withi andward side (am (incl. Intermittent)	Distance Stru	cture is from Sho	f IS PI	operty in plain Zone?	Are Wetlands Present?	
№ Shoreland —	M Is Prope	rtv/Land withi	n 1000 feet of La			Distance Stru	cture is from Sho		Yes	☐ Yes	
	Візтібре	ty, zana witin			escontinue ->	95	5		No	₩No	
▼ Non-Shoreland											
Value at Time						# of		Miles Tone of		Type of	
of Completion * include	Pro	ject	# of Storie	es	Foundation	bedrooms	What Type of Sewer/Sanitary System			Water	
donated time &						in		on the property		on property	
material						structure					
1	New Co		1-Story	1 - 64	Basement	1 2	✓ Municipal/City ☐ (New) Sanitary Specify Type:			☐ City ☐ Well	
\$ 705	☐ Convers	/Alteration	☐ 1-Story + ☐ 2-Story	LOIL	□ Foundation ✓ <u>Slab</u>	□ 2				well	
225,000		(existing bldg)			<u> </u>			cists) Specify Type or □ Vaulted (r	<u> </u>		
					Use	□ None	/service contract)	mi zoo gano	,		
	Property	,	un a Business on			- INOTIC			- /		
					✓ Year Round	- None	☐ Compost To	oilet			
					Year Round	- None		oilet			
Existing Structur	-		or is relevant to it	-)		None	☐ Compost To		Haight.	116	
Existing Structure Proposed Constr	e: (if permit l		or is relevant to it	t)	Length:	None	☐ Compost To☐ None Width:		Height: Height:	18	
Existing Structur Proposed Constr	e: (if permit l		or is relevant to it	t)		None	☐ Compost To		Height: Height:	18	
	e: (if permit buction:	eing applied fo	or is relevant to it		Length:		☐ Compost To☐ None Width:		Height:	Square Footage	
Proposed Constr	e: (if permit buction:	eing applied fo	Structure (firs	t struct	Length: Length: 42 Proposed Structure on property)		☐ Compost To☐ None Width:	Dimens	Height: ions	Square Footage	
Proposed Constr	e: (if permit buction:	eing applied fo	Structure (firs	t struct	Length: Length: 42 Proposed Structure on property)		☐ Compost To☐ None Width:	Dimens (X (26 X	Height: ions	Square	
Proposed Constr	e: (if permit luction:	eing applied fo	Structure (firs e (i.e. cabin, hu with Loft	t struct	Length: 42 Proposed Structure on property) shack, etc.)	re	☐ Compost To☐ None Width:	Dimens (X (26 X (X	ions) 3 2-)	Square Footage	
Proposed Constr	e: (if permit luction:	eing applied fo	Structure (firs e (i.e. cabin, hu with Loft with a Porcl	t struct unting s	Length: Length: 42 Proposed Structure on property)	re	☐ Compost To☐ None Width:	Dimens (Height: ions	Square Footage	
Proposed Constr	e: (if permit luction:	eing applied fo	Structure (firs e (i.e. cabin, hu with Loft	t struct unting s h - c orch	Length: 42 Proposed Structure on property) shack, etc.)	re	☐ Compost To☐ None Width:	Dimens (X (26 X (X	ions) 3 2-)	Square Footage	

Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u> \square cooking & food prep facilities)

with Attached Garage

Accessory Building Addition/Alteration (specify)

Mobile Home (manufactured date)

Addition/Alteration (specify)

Accessory Building (specify)

Special Use: (explain)

Other: (explain)

Conditional Use: (explain)

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Date
Authorized Agent: War Keache (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Date 5/22/18
Address to send permit Po Box 1436, Bayfield JWI 54814	Attach Copy of Tax Statement

Draw or Sketch your Property (regardless of what you are applying for)

(2) Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan

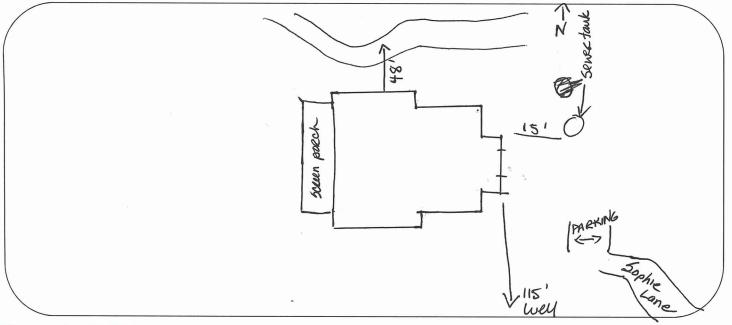
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent	Description	Measure	ment
Essenent					
Setback from the Centerline of Platted Road	48'	Feet	Setback from the Lake (ordinary high-water mark)	900-	∱ Feet
Setback from the Established Right-of-Way	_	Feet	Setback from the River, Stream, Creek	_	Feet
			Setback from the Bank or Bluff	_	Feet
Setback from the North Lot Line		Feet			
Setback from the South Lot Line	, a Mincore	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	0000	Feet	20% Slope Area on the property	☐ Yes •	≫ No
Setback from the East Lot Line	Property	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank ()	iewer 15	Feet	Setback to Well	(15	Feet
Setback to Drain Field	- L	Feet			
Setback to Privy (Portable, Composting)		Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	Sewer	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit#: 18-0184	Permit Date: 6-13	-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted b	y Variance (B.O.A.) Case	e #: NA
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	
Inspection Record: PUD 97-6376 UN	1+ #14			Zoning District (RRB)
	0.	1.		Lakes Classification ()
Date of Inspection: 6 7/2018	Inspected by:	ert Schi	ErMAN	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	ched? 🗆 Yes 🗆 No – (If I	No they need to be atta	ached.)	1
Must Contact Local	Uniform	dwelling	Code (UDC) INSpection
egency and Secure	UDG Acron!	+ Per S	tete Statut	c.
7.	1			
Signature of Inspector:				Date of Approval: [] 7 / 2019
Hold For Sanitary: 🗆 Hold For TBA: 🗀 _	Hold For Affid	lavit: 🗌	Hold For Fees:	_ 🗆

May Also Be Required

USE - X
ANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 18-0184 Issued To: Brickyard Creek III LLC / Susan Keachie, Agent

Location: - 1/4 of - 1/4 Section 6 Township 50 N. Range 3 W. Town of Bayfield

Gov't Lot Block Subdivision Brickyard Creek Expandable Unit# 14

For: Residential Use: [1- Story; Residence (26' x 32') = 832 sq. ft.; Screen Porch (10' x 12') = 120 sq. ft.]

Total Overall = 920 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local uniform dwelling code inspection agency and secure UDC permit if required by Statute or contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

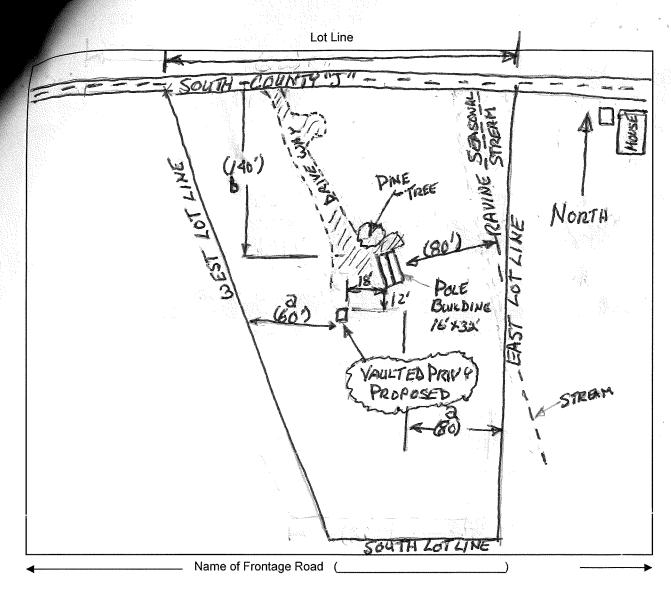
June 13, 2018

BASTIELD BASTIELD BASTIELD SANITARY PERMIT APPLICATION BIRCH ST. TO PUMP WHEN NEEDED

ENTE	RED
\	/
	/

Zoning District	RRB
Lakes Class	<u> </u>

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test County No: Permit No: 18-6181	
Property Owner's Name:	County: Bayfield	
DENNIS A. WILEVIA LOLDING		
Address of Property: 34835 South County Dept. Property Owner & Mailing Address:	Property Location: 1/4 1/4, S 2/2 T 5/0 N, R 4 E (c	or)W
Property Owner's Mailing Address:	Township: Gov. Lot #:	OI)WY
5868 BRADIETKO	BAYFIELD	
City, State Zip Code Phone Number	Lot # Block #: Subdivision Name or CSM #	ŧ:
II. TYPE OF BUILDING: (Check One)	#4/5 IN V.5	
State Owned	Parcel ID PINS 04-006-2-50-04-32-1 01-00	10-
Public (Explain the use/purpose) 1 or 2 Family Dwelling - No. of Bedrooms	TAX I.D. 4858	0000
III. TYPE OF PERMIT: (Check only one box on line A. Check box		
A) New Replacement County	Private Interceptor	
Reconnection Repair Revision	** Transfer of Owner (List Previous Owner below)	
Treson Entered	,	
B) A Sanitary Permit was previously issued. <i>Previou</i>	Pormit Number Date Issued	_
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace		
C) Pit Privy Vault Privy (Vault size:	gallons orcubic yards)	
Portable Privy Camping Transfer Unit Contains	Composting Toilets Incinerating Toilet	
V. ABSORPTION SYSTEM INFORMATION:		
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. Lo	ading Rate 5. Perc. Rate 6. System 7. Final Gra	1000
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. Lo	ading Rate 5. Perc. Rate 6. System 7. Final Gra / Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Fee	1000
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK Capacity 3. Absorp. Area Proposed (Sq. Ft.) (Gals	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)	eet)
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) 3. Absorp. Area Proposed (Sq. Ft.) 4. Lo (Gals) VI. TANK INFORMATION: Capacity In Gallons New Existing Total Gallons Fanks Ma	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Site Steel Fiber- Plastic E	1000
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or 3. Absorp. Area Proposed (Sq. Ft.) Capacity In Gallons Total # of Gallons Tanks Ma	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Site Steel Fiber- Plastic E	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or Holding Tank Absorp. Area Proposed (Sq. Ft.) Capacity In Gallons New Existing Tanks Total Gallons Fanks Absorp. Area Proposed (Sq. Ft.) Total Gallons # of Tanks	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Site Steel Fiber- Plastic E	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Site Steel Fiber- Plastic E	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber 2. Absorp. Area Required (Sq.Ft.) Capacity In Gallons Total Gallons Tanks Total Gallons Tanks Ma 3. Absorp. Area Proposed (Sq. Ft.) (Gals	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic E	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic Enterpretation of the attached plans.	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic E	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Concrete Constructed Steel Fiber-glass Plastic Enterpretation of the attached plans.	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber Plumber's Name: (Print) If applying for Section A or B) above Plumber Plumber Plumber Plumber Plumber Plumber Plumber Plumber Plumber	MP/MPRSW No: Contract Constructed Con	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above	Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons Vin	MP/MPRSW No: Contract Constructed Con	eet) Exper.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons Total Fanks Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Disapproved 3. Absorp. Area Proposed (Sq. Ft.) 4. Lo (Gals 4. Lo (Gals 4. Lo (Gals For Day For	### Concrete Constructed Steel Fiber-glass Plastic Sewage system shown on the attached plans. ### Owner's Signature(s): (No Stamps) ### MP/MPRSW No: ### Business Phone: Transfer Fee: Date Issuing Agent's Signature / Date	Exper. App.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial	Day / Sq.Ft. (Min. Inch) Elev. (Feet) Elev. (Feet)	Exper. App.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons Total Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	Day / Sq.Ft. (Min. Inch) Elev. (Feet) Elev. (Feet) Elev. (Feet)	Exper. App.
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons Total Gallons Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial	Concrete Constructed Steel Fiber glass Plastic Elev. (Feet) Elev. (Exper. App.



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- Show the location of the well, septic tank and drain field. None 3.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - Building to all lot lines (80')
 - Building to centerline of road (146')
 - Building to lake, river, stream or pond §6
 - Septic / holding tank to closest lot line 60'
 - Septic/holding tank to building 18
 - Septic / holding tank to well NA
 - Septic / holding tank to lake, river, stream or pond Privy to closest lot line 60'
- Privy to building 18'
- Privy to lake, river, stream or pond (120)

IMPORTANT DETAILED PLOT PLAN

IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY

- Drain field to closest lot line MA
- Drain field to building K/A
- m. Drain field to well MA Drain field to lake, river, stream or pond W/A
- Well to building W/A

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

City, Village, State or Federal May Also Be Required

LAND USE - X SANITARY - X SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Dennis & Charlene Wiley Issued To: 18-0181 No. Town of **Bayfield** W. **50** Township Range 22 Section of Location: 1/4 CSM# 705 Subdivision 3 Block Lot Gov't Lot

For: Residential Other: [300 Gallon - Vaulted Privy]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must be maintained per recorded privy agreement.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 12, 2018

	Bayfield C Planning a PO Box 58	nd Zoi	ning Depart.	В	AYFIELD COU	NTY, \	n nn 13	IN	11/	Date: Amount Paid:	6-13-	18
	Washburn (715) 373-		4891	A	D) B	65					\$175 5	5-4-17
					UU MA	AY U	4 2017	-		Refund:		
			be issued until all fees are paid yfield County Zoning Departmei UNTIL ALL PERMITS HAVE BEEN		APPLICANTAYTIE	d Co.	Zoning De	pt) _			,
Property	Owner(s) Na	me:			Mailing Address	453		City/S	tate/Zip:	, WI 548	Phone:	3-5552
Lake	Sper	ior	t		P.O. DOX	100		was	SHOUTH	, 010	,,	- 0
Sign Ow	ner(s) Name:	lav	tavqua		Mailing Address	:		City/S	state/Zip:	[A]	E C Phone:	E 111
	me										- 1.00	4 1
	of Property:		13		City/State/Zip: Bayfiel	12.	WI	54	18/4		MAY 0 4 20	11
Contrac		yw	14 13		Contractor Phor		Address:			Dev	field Co. Zonin	g Dept.
		7										thorization
Authori	Raum	erson Si	Revin O. H	ont	Agent Phone:	3134		ling Add	dress (include C	ity/State/Zip):	Attached Yes	
					T- 10 /4 - 5 /5	-14-1			- I	Recorded Do	cument: (i.e. Prope	rty Ownership)
	OJECT	Lega	al Description: (Use Tax Stat	ement)	Tax ID: (4 or 5 di	995				1	Page(s	
100			Gov't Lot	Lot(s)		ol & Pag	10 W 500	ot(s)	Block(s) No.	. Subdivision:		
	1/4,		1/4			1.1	N	0.	P		1.4	
	Section Z	3	Township 50 N, Rang	ge <u>04</u>		own of: Bayt	reld			Lot Size	Acreage 18,5	90
□ Sho	reland 🛶	Cre	Property/Land within 300 fek or Landward side of Floo Property/Land within 1000	dplain?	If yesconti	nue — /age	Distan		cture is from s	feet	Is Property in Floodplain Zone? Yes No	Are Wetlands Present? ☐ Yes ☐ No
Non	-Shoreland		1 A Phil		ii yes conti	nuc -						
of Cor	e at Time mpletion donated time	1	Project (What are you applying for)			ge lat.	Туре		Length	Width	Height	Located in Town of Bayfield
a i	naterial		On-Premise	□ New			1-Sided					Yes TBA is
\$ 20	00-		Off-Premise	☐ Repla	cement	·	2-Sided		116"	70"	15'	required
				V Re	face		On-Buildi		- 4			□ No
							Multi-Ter	nant	1	*		
am (a may b above Owr (if	re) responsible five a result of Ba be a result of Ba be described proponer(s): there are Mulicant(s):	or the deviced Coerty at ar	ion (including any accompanying info tail and accuracy of all information I unty relying on this information I (w y reasonable time for the purpose of wmers listed on the Deed All Company of the purpose of the purpose of the Deed All Company of t	rmation) has I (we) am (are) ie) am (are) inspection. COUNTY TO THE COU	st sign or letter(s) ogn; the property of the property	(us) and to will be reli s application of autho	o the best of my ed upon by Bay on. I (we) conse rization mus nust also sign	t accom	owledge and belief inty in determining value of the control of the	t is true, correct and converted to issue a per divided to issue a p	te	ve access to the
			,		SE COMPLETE I				If you recer		Copy of Tax Stateme property send your R	ecorded Deed

APPLICATION FOR SIGN

Permit #:

EXPIRED?

Town

To

Zowing SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

The local Town, Village, City, State or Federal agencies may also require permits.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

sign location

now dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan <u>is Neccessary</u>

ot Line

	Lot Line		
		attachment A	Sce
*			
1			
Ŧ.			

Setbacks: (measured to the closest point)

Measurem	nent	Description	Measurement		
54"	Feet	Setback from the North Lot Line	4	Feet	
41	Feet	Setback from the South Lot Line	65	Feet	
		Setback from the West Lot Line	308	Feet	
	Feet	Setback from the East Lot Line	1087	Feet	
96,5	Feet		700.		
	54'	Feet Feet	Feet Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Feet Setback from the East Lot Line	Feet Setback from the North Lot Line 9 Setback from the South Lot Line 65 Setback from the West Lot Line 308 Feet Setback from the East Lot Line 1087	

Sign Plan (Fill in Information Desired on Sign)

See	attachment	B		
1			_ = = -	

Issuance Information (County Use Only)	Permit Number:	0198	Permit Date:	(0-13-18
Permit Denied (Date):	Reason for Denial:			
Granted by Variance (B.O.A.)		Previously Grant	ed by Variance (B.O.A.)	
☐Yes ☐ No Case #:		☐Yes ☐ No	Case	ı #:
Was Parcel Legally Created Was Proposed Building Site Delineated Yes ∨ No		Were Property	Lines Represented by Owner Was Property Surveyed	Yes No
Inspection Record: CUP Approved By	ZC 7/2	0/2017	CUP#17-317	Zoning District (RL6) Lakes Classification ()
Date of Inspection: 6/12/18	Inspected by:	sut Sch	terman	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	hed? Yes No - (If	No they need to be	attached.)	
0110	\mathcal{N}			
Signature of Inspector:				Date of Approval

Bayfield County Web AppBuilder Attachment A 04008250042310028601000 04000250042320020522000 N78-38-52W 78.48' Bayfield 04000250042320100000000 OSTATE HAVY TO WAIT 2 04006250042320100032000 STATE HWY 10 UNIT'S April 28, 2017 1:783 - Building 0.0075 0.03 mi Tie Line Recorded Map Mound Corner Tie Sheets 0.015 0.03 0.06 km Road Type Section Comer Monument on File Municipal Boundary Douglas Co Parcels Section Comer Monument Referenced on Survey Bayfield County Bayfield Section Lines Ashland Co Parcel County Survey Maps Approximate Parcel Boundary Federal UnRecorded Map Meander Line Private Web AppBuilder for ArcGIS

Bayfield | Bayfield County |

City, Village, State or Federal nits May Also Be Required

CAND USE - X
SANITARY SIGN - X
SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0192 Lake Superior Big Top Chautaua / Kevin Hunt, Agent No. Issued To: Location: $\frac{1}{4}$ of Section 23 **50 Township** N. Range 4 **Bayfield** W. Town of Gov't Lot 1-9 & 11-19 l ot 24 Subdivision Rice & Thompson CSM# Block

For: Commercial Other: [On- Premise Sign (116" x 70" x 15" high)]
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

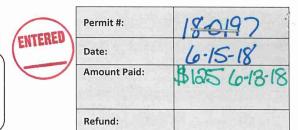
June 13, 2018

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

\$ 125 / 150 <u>APPLICATION FOR PERMIT</u> BAYFIELD COUNTY, WISCONSIN





INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

CO. Zoning Dept.

TYPE OF PERMIT	RECHIEST	FD-	LANI	D USE SANITAI	RY PRIVY 🗆	CONDITIONA	L USE SPEC	IAI LICE	T PO	A [] (OTHER
Owner's Name:	MEQUEST		DILAM		ling Address:		/State/Zip:	IAL USE	☐ B.O./		
	1 0		1	12	7 - 5+6	Cal	state/zip.	1 >-	Elma.	relephon	ie: 7/5-
Bayfre	la U	Dur	Hy To	restry 1	7 E. 5+h	ST. W	ashburn	, WI	Stell	3+3	- 6114
Address of Property	/:			City	/State/Zip:					Cell Phon	ie:
31350 Wh	ILLIN	a K	d.	l K	bayfield,	WI					
Contractor:)				lumber:				Plumber	Phone:
Authorized Agent:	(Person Signi	ing Appli	cation on behal	f of Owner(s)) Age	nt Phone: 715	Agent Mailing Ad	dress (include City/S	tate/Zip):	SUCIOI	Written A	Authorization
Jason	Box	Lin	0	23	3-6114 1	12 - 54	St., Wash bu		7	Attached	
000011		וויא				17 E. S	st., wash bi			□ Yes	
PROJECT	Legal [Descrip	tion: (Use Ta	ax Statement) <u>Tax</u>	5065						erty Ownership)
LOCATION					3043			200	816	201	1722
NE 1/4,	SE	1/1	Gov't	Lot Lot(s)	CSM Vol & Page	Lot(s) No	. Block(s) No.	Subdivisi	on:		
		1/4			986 144						
2	0		50	011	Town of:			Lot Size		Acrea	ge
Section	, Тс	ownship	,	N, Range <u>94</u> W	Bay	field					40
									1		
				n 300 feet of River, St		Distance Stru	cture is from Shore	eline :	Is Prop	erty in	Are Wetlands
☐ Shoreland —		or Land	dward side o	of Floodplain?	yescontinue>			feet	Floodpla		Present?
13 Shoreland	🗌 🗆 Is Pr	operty	/Land withir	n 1000 feet of Lake, Po	ond or Flowage	Distance Stru	cture is from Shore	eline :			☐ Yes
				If	yescontinue ->			feet	X	No	×No
Non-Shoreland											
Value at Time						# of					T
of Completion	The state of					bedrooms		What Ty	pe of		Type of
* include		Proje	ct	# of Stories	Foundation	in	Sewe	er/Sanita	ry System	1	Water
donated time &						structure	ls (on the pr	operty?		property
material	Maur	Const	w. ation	1 54000	C. Danamant		- DA - 1 - 1/6				
	/ \		ruction	1-Story	Basement	1	☐ Municipal/C				☐ City
\$ 7			lteration	☐ 1-Story + Loft	X Foundation	□ 2	(New) Sanit				
30,000	☐ Conv			☐ 2-Story	<u> </u>	□ 3	☐ Sanitary (Ex				×
	7.0000 7000		xisting bldg)				Privy (Pit)			200 gallo	on) hone
	100		ness on		Use	☐ None	☐ Portable (w/		ntract)		
	Prop	erty			☐ Year Round		☐ Compost To	ilet			
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							None				
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Existing Structur	7.0	nit beir	ng applied fo	r is relevant to it)	Length:		Width:	1 20		ight:	
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The Automotive Control of the Contro	uction:	mit beir	ng applied fo	r is relevant to it)	Length:		Width:			ight:	Square Footage
Proposed Constr	uction:			r is relevant to it) Structure (first stru	Length: Length: 2 Proposed Structure		Width:	ı	He Dimension	i <mark>ght:</mark> ns	Footage
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w Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6) Show any (*): (*) Wetlands; or (*) Slopes over 20% (7) Show any (*): See attatched.

retch your Property (regardless of what you are applying for)

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	ent		Description	Measur	ement
Setback from the Centerline of Platted Road	~3400	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	~3400	Feet		Setback from the River , Stream , Creek	_	Feet
,	3 900			Setback from the Bank or Bluff	50-90	Feet
Setback from the North Lot Line	940	Feet	111			
Setback from the South Lot Line	400	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	700	Feet		20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	620	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet
Setback to Drain Field		Feet				
Setback to Privy (Portable, Composting)	150	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

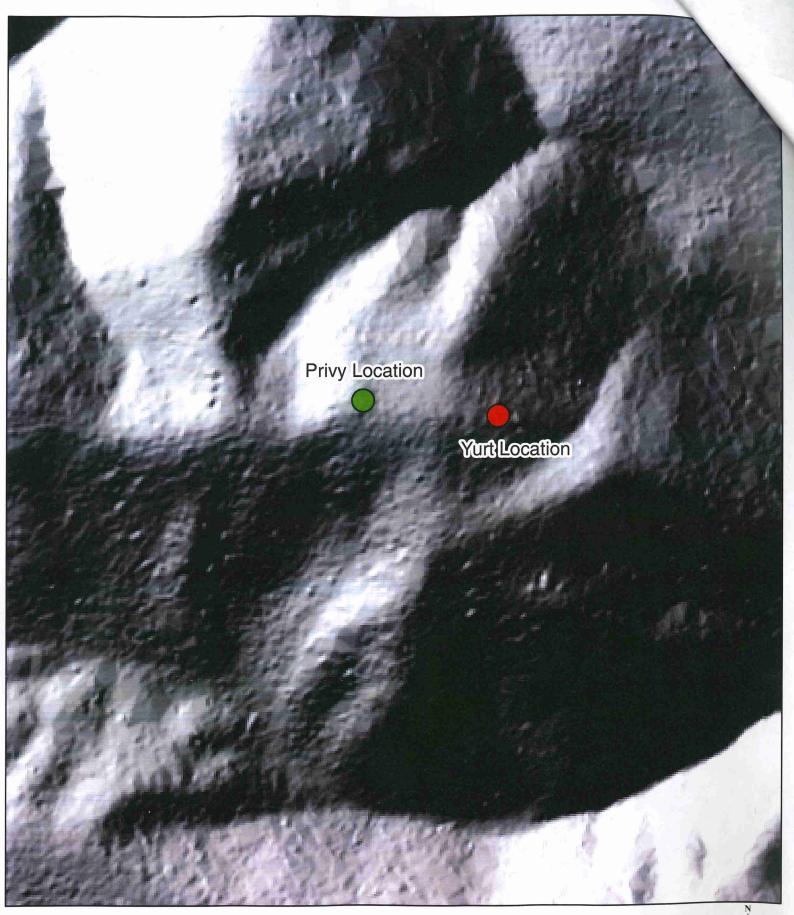
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	Dit Orivy	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:	1" 1				
Permit#: 18-0197	Permit Date: 6-15	5-18				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigue) Yes (Fused/Contigue) Yes (Deed of Recor	ious Lot(s)) 🔀 No	Mitigation Required Mitigation Attached		Affidavit Required ☐ Yes		
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted b	y Variance (B.O.A.) Case	#:		
Was Parcel Legally Created Was Proposed Building Site Delineated	cleared Area	Were Property Lines Represented by Owner Was Property Surveyed Yes Yes				
Inspection Record: Yurt 5:te was a't and fairly obvious where. Nice view!	Staked but the structure was	was recently sid be locate	cleared.	Zoning District (f 1) Lakes Classification (—)		
Date of Inspection: 6/18/18	Inspected by:	d Norword Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Atta	ched? Yes No - (If	No they need to be atta	ached.)	, ,		
compliance with DHS inspection shall be a 2016 TBH ; conditional is	178 Shall b	e Maintaine	1. Necessary	UDC permit and		
PALL TRUE SMALL DE O	baned.		dient luce	Chang March		
Zoto IBM ; Conditional i	se permit appr	y to the app	West No con	(al nors placed)		
Signature of Inspector: Todd Novwood				Date of Approval: 6/13/18		
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗆	Hold For Fees: ☐	_		

Proposed Yurt Location



240 Feet

120

30 60

180



USE – X NITARY – Pit Privy SPECIAL – CONDITIONAL – BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Bayfield County Forestry / Jason Bodine, Agent 18-0197 Issued To: No. **Bayfield** SE 30 Township 50 Range W. Town of Location: NE Section of Subdivision CSM# Block Gov't Lot Lot

For: Commercial Principal Structure: [1-Story; Yurt (20' Circular) = 314 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Compliance with DHS 178 shall be maintained. Necessary UDC permit and inspection shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 15, 2018

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) JUN 3 0 2017

LU 125.00

Permit #: ENTERED pate: 125.00 LU 175.00 TBA Amount Paid: Refund:

Privy 150.00

Checks are made payable DO NOT START CONSTRU	to: Bayfie	ld Count	y Zoning Dep	artment.		ваупею Со. Zi ant.	Offing	Dopa				•			
TYPE OF PERMIT RI	FOUESTE	D->	☐ LAND	USE SAI	NITARY	□ PRIVY	□ со	NDITIONAL I	USE SPEC	IAL U	SE	□ B.O.A	. 0	OTHE	R
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Authorized Agent: (P	erson signii	ng Applica	ation on benan	of Owner(s))	Agent	i none.	7.50.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		Attache		
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(If there are I	Multiple O	wners lis	sted on the D	eed <u>All</u> Owners r	nust sigr	or letter(s) of auth					1	/	-1		
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Authorized A								- /		78155					

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompanit Copy of Tax Statement

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

Copy of Tax Statement

STATE BOTH

Attach

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Please complete (1) – (7) above (prior to continuin				
		Changes in plans must be ap	proved by the Planning & Zo	ning Dept.
(8) Setbacks: (measured to the close:	st point)			
Description	Measurement	Description		
Description	ivicasurement	Description	Measure	ment
Setback from the Centerline of Platted Road	/ 0 Peet	Setback from the Lake (ordinary high-wat	ter mark)	Feet
Setback from the Established Right-of-Way	Co7 Feet	Setback from the River, Stream, Creek	A)A	Feet
-	У	Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	330 Feet	R		
Setback from the South Lot Line	Z 70 Feet	Setback from Wetland		Feet
Setback from the West Lot Line Setback from the East Lot Line	1 70 Feet	20% Slope Area on property Elevation of Floodplain	Yes	No
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Setback to Septic Tank or Holding Tank	1 A Feet	Setback to Well	Nor	√ Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of	50 Feet	hounday line from which the eatherly much be appropriately	h. All L	
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Prior to the placement or construction of a structure more than ten (10) fee one previously surveyed corner to the other previously surveyed corner, or	et but less than thirty (30) feet from	the minimum required setback, the boundary line from which the	he setback must be measured must be	visible from
marked by a licensed surveyor at the owner's expense.	vermable by the Department by us	e of a corrected compass from a known corner within 500 feet o	the proposed site of the structure, or	must be
(9) Stake or Mark Proposed Location	of New Construction	, <u>Septic Tank (ST)</u> , <u>Drain field (DF)</u> , <u>Holding Tar</u>		
	IISI OI NEW CONSTRUCTION		nk (HT) Privy (P) and Well (\\/\
				W).
NOTICE: All Land Use Perm	its Expire One (1) Year from	n the Date of Issuance if Construction or Use has	not begun.	W).
NOTICE: All Land Use Perm For The Construction Of New One &	its Expire One (1) Year from		not begun.	W).
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NOTICE: All Land Use Perm For The Construction Of New One & The local To Issuance Information (County Use Only) Permit Denied (Date): Permit #: 18-0199	its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date:	n the Date of Issuance if Construction or Use has Municipalities Are Required To Enforce The Unif Federal agencies may also require permits. # of bedrooms:	onot begun. form Dwelling Code.	W).
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NOTICE: All Land Use Perm For The Construction Of New One & The local To Issuance Information (County Use Only) Permit Denied (Date): Permit #: 18-0199 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Granted by Variance (B.O.A.)	its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: d) PNo lous Lot(s)) PNo	m the Date of Issuance if Construction or Use has Municipalities Are Required To Enforce The Unif Federal agencies may also require permits. # of bedrooms: Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.)	Affidavit Required Affidavit Attached	₽No
Issuance Information (County Use Only) Permit Denied (Date): Permit #: 8-0 99 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Granted by Variance (B.O.A.) Yes No	its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: d) PNo lous Lot(s)) PNo	m the Date of Issuance if Construction or Use has Municipalities Are Required To Enforce The Unif Federal agencies may also require permits. # of bedrooms: # of bedrooms: Mitigation Required Yes No Mitigation Attached Yes No Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Yes No Case No Variance (B.O.A.) Were Property Lines Represented by Owner	Affidavit Required Affidavit Attached Yes ##: #Yes Yes Yes	≫No ✓ No
NOTICE: All Land Use Perm For The Construction Of New One & The local To Issuance Information (County Use Only) Permit Denied (Date): Permit #: 8 - 0 9 Is Parcel a Sub-Standard Lot Yes Yes Fused/Contiguents Is Structure Non-Conforming Yes Yes Yes Granted by Variance (B.O.A.) Yes Yes Yes No Was Parcel Legally Created Yes No Inspection Record: Yes Yes No Inspection Record: Yes Yes No Inspection Record: Yes Yes Yes Yes No Inspection Record: Yes	its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: O 15 O 1	m the Date of Issuance if Construction or Use has Municipalities Are Required To Enforce The Unif Federal agencies may also require permits. # of bedrooms: # of bedrooms: Mitigation Required Yes No Mitigation Attached Yes No Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Yes No Case No Variance (B.O.A.) Were Property Lines Represented by Owner	Affidavit Required Affidavit Attached Yes ##: Yes Yes Zoning District Affidavit Affidavit	≫No ✓ No
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Granted by Variance (B.O.A.) Yes Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated Note Compliant Note Construction of New One & The local Translation o	its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: O 15 O 1	m the Date of Issuance if Construction or Use has Municipalities Are Required To Enforce The Unif Federal agencies may also require permits. # of bedrooms: # of bedrooms: Mitigation Required Yes No Mitigation Attached Yes No Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Yes No Case No Variance (B.O.A.) Were Property Lines Represented by Owner	Affidavit Required Affidavit Attached Yes ##: #Yes Yes Yes	≫No ✓ No
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Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Granted by Variance (B.O.A.) Yes Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated Note Compliant Note Construction of New One & The local Translation o	Its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: O 15 O 1	Mitigation Required Yes No Mitigation Attached Yes No Previously Granted by Variance (B.O.A.) Yes No Were Property Lines Represented by Owner Was Property Surveyed Wull Of Hamiltonian Was Property Surveyed Was Property Surveyed	Affidavit Required Affidavit Attached Yes e #: Yes Zoning District Lakes Classification (≫No ✓ No
Issuance Information (County Use Only) Permit Denied (Date): Permit #: 8-0 99 Is Parcel a Sub-Standard Lot Yes Ded of Record Yes Fused/Contiguents Yes Fused/Contiguents Yes Poly Yes No Yes No Yes Yes Yes No Yes	Its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: 6 15 d) PNo ous Lot(s)) No No Inspected by: Cheed? Yes No - (If	Mitigation Required Yes No Mitigation Attached Yes No Previously Granted by Variance (B.O.A.) Yes No Were Property Lines Represented by Owner Was Property Surveyed	Affidavit Required Affidavit Attached Yes e #: Yes Zoning District Lakes Classification (≫No ✓ No
Issuance Information (County Use Only) Permit Denied (Date): Permit #: 8-0 99 Is Parcel a Sub-Standard Lot Yes Ded of Record Yes Fused/Contiguents Yes Fused/Contiguents Yes Poly Yes No Yes No Yes Yes Yes No Yes	Its Expire One (1) Year from Two Family Dwelling: ALL own, Village, City, State or Sanitary Number: Reason for Denial: Permit Date: O 15 O 15 PNo PNo Inspected by: Ched? Yes No – (If	Mitigation Required Yes No Previously Granted by Variance (B.O.A.) Yes No Were Property Lines Represented by Owner Was Property Surveyed No they need to be attached.	Affidavit Required Affidavit Attached Yes e #: Yes Zoning District Lakes Classification (≫No ✓ No
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box below: Draw or Sketch your Property (regardless of what you are applying for)

Proposed Construction

North (N) on Plot Plan

All Existing Structures on your Property

(*) Wetlands; or (*) Slopes over 20%

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(1) Show Location of:

Show / Indicate:

Show Location of (*):

(2)

(3)

(4)

(5)

Show:

Show: (6) Show any (*):

(7) Show any (*):

Bayfield County Web AppBuilder



0.03 0.06 0.12 km Bayfield

0.035

0.0175

Building

Corner Tie Sheets

Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Recorded Map Road Type

County

Federal

Private

Municipal Boundary

Section Lines

Approximate Parcel Boundary Meander Line

Tie Line

Rivers

Douglas Co Parcels

Ashland Co Parcel

0.07 mi

rown, City, Village, State or Federal Permits May Also Be Required

I AND USE - X SANITARY - Vault Privy SIGN -SPECIAL - Class A CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Jeffrey Emmel Issued To: 18-0199 No. Par in Town of **Bayfield** W. Range 4 **50** Township N. Section 10 NE 1/4 SE ⅓ of Location: CSM# Subdivision Block Lot Gov't Lot

For: Residential Principal Structure: [1.5- Story; Garage with Sleeping Quarters (30' x 30') = 900 sq. ft. 200 Gallon Vaulted Privy 1

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local uniform dwelling code inspection agency and secure UDC permit if required by Statute or contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 15, 2018